Client complaint record form

FORM TEMPLATE

Check this template against your local regulations and your own policies before you use it.

Name _____ Role _____ Date _____

* Required

Date received *

_____

How it was received *

○ Phone ○ Email ○ In person ○ Letter ○ Other

Client *

_____

Summary of the complaint *

Category *

○ Advice or product ○ Service or delays ○ Fees or commission ○ Privacy ○ Conduct ○ Other

Acknowledged within one business day? *

☐ Yes ☐ No

Outcome

What was offered or done, and the client's response.

Date resolved

_____

Referred to the external dispute body?

If the client wasn't satisfied, they must be told how to take it further.

☐ Yes ☐ No

For the reviewer

Reviewed by _____ Decision _____ Date _____ Notes _____